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ABSTRACT

In 1977, a Behavior Modification Clinic was established at William A. Wirt High School in Gary (Indiana) as an alternative to suspending disruptive youth. The clinic operates with two programs--a remedial academic instruction program in five basic subjects, and a counseling component in which all students are involved. The results of the clinic have been positive. Since the beginning of the program, out-of-school suspensions have decreased, and the recidivism rate of assignments to the clinic has dropped. (Author)

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Technical Assistance Bulletin

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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The William A. Wirt High School Behavior Modification Clinic

Summary

In 1977, a Behavior Modification Clinic was established at William A. Wirt High School in Gary, Indiana as an alternative to suspending disruptive youth. The Clinic operates with two programs--a remedial academic instruction program in five basic subjects, and a counseling component in which all students are involved. The results of the Clinic have been positive. Since the beginning of the program, out-of-school suspensions have decreased, and the recidivism rate of assignments to the Clinic has dropped.

The Problem

For years suspending students from school has been a routine way of dealing with seriously disruptive students. However, suspending students has resulted in a number of problems:

- National data collected by the Children's Defense Plan substantiate that non-white and male students are suspended far more often than white and female students.
- Removing students from school simply reinforces or exacerbates their existing educational problems. Suspended students frequently prefer not to attend school. Many have learning disabilities or inadequate academic skills.
- In many cases, suspensions have a negative effect on the community because suspended students may loiter unsupervised on the streets.

The Solution

Because of the racial, cultural, and social implications of suspending students, school districts across the country have been experimenting with new approaches to keeping disruptive students in school by providing them with strategies for coping with their day-to-day problems and helping them eliminate unacceptable behaviors.

In-school alternative to suspension programs began in the late 1960's and were more widely developed throughout the 1970's. Alternatives range from cooling-off rooms sectioned off from classrooms, to classrooms set aside and staffed for the sole purpose of changing the behavior patterns and attitudes of disruptive students, to alternative schools focusing on a long-term educational and behavioral change program for seriously disruptive students. This bulletin describes the William A. Wirt Behavior Modification Clinic in Gary, Indiana which combines a program of basic skill development and counseling for students.

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(NOTE: NSRN has technical assistance bulletins on alternatives to suspension programs and alternative schools.)

History and Orientation of the Program

Discipline options at William A. Wirt High School prior to 1976-77 were traditional and consisted largely of advice and threats, parent conferences, suspensions, and expulsions. A new Dean of Students, however, felt that the attitudes and practices of the students and the prevailing school policies for dealing with them provided little satisfaction for anyone and did virtually nothing to alter student behavior or the education situation. Therefore, the Dean and several other administrators began investigating alternative methods for coping with students whose behavior not only led to their suspension, but infringed on the rights of other students to learn and of teachers to teach. They observed and rejected in-school suspension programs because they deemed them as merely an exercise in detention and isolation in which little happened either academically or behaviorally. Instead, they chose to establish a Clinic through which student behavior could be modified. In April 1977, they submitted a proposal to the Indiana Department of Public Instruction, Division of Innovative Education-ESEA Title IV-C, and the proposed Clinic was funded to begin operating in September.

Program Rationale and Model

The purpose of the William A. Wirt High School Behavior Modification Clinic reflects the viewpoint that although certain behaviors are unacceptable in a school, punishment for those behaviors should contribute directly to their decrease or elimination. Students must not only learn that they cannot behave in certain ways; they must also learn how to behave appropriately, and where possible, causes contributing to the misbehavior should be modified or removed. In this case, among the contributing causes identified as ones that the school could and should modify were inadequate academic skills. Thus, remedial work in basic subjects was identified as the means for upgrading poor academic skills. Transactional Analysis and Reality Therapy were identified as useful approaches through which students could learn to act most positively. Together both components could offer students the opportunity to explore their feelings, receive more individualized instruction and improve their success in a learning environment.

Clinic Program and Procedures: Referral and Admission Procedures

Seriously misbehaving students are usually referred to the clinic by teachers or the social worker, although some are referred by parents or court officials. All referrals are screened by administrators responsible for student discipline who act as a neutral third party in making judgments. For those students assigned to the Clinic, the principal or dean stipulates the length of stay and the date it is to begin. This referral is reviewed by Clinic staff within 24 hours.

Registered Letter to Parents

The Clinic social worker dispatches a "registered" letter (i.e., each person who handles it must sign upon receiving it) to the student's parents explaining the situation, what will occur in the Clinic, and requesting parental assistance at home and conferences as warranted.

Student Data Card

The social worker also initiates a student data card covering such topics as: identifying information (name, age, grade, address, etc.), reason for referral, for repeat referrals--whether the reasons for referral are similar or different, number of days that would have been lost due to out-of-school suspension if not referred to Clinic, previous suspensions and number of school days lost, previous Clinic experiences, parent contacts, and student's follow-through record with weekly follow-up sheets completed by classroom teachers' regarding academic progress, general attitude, and attendance. (See Source Document A)

Student Behavorial Contract

When a student is admitted to the Clinic for the first time, he/she completes and signs a Student Behavioral Contract. (See Source Document B.) This requires the student to identify the action or event which resulted in assignment to the Clinic, who is to blame for that action or event, whether or not he/she likes what has happened, and if not, what he/she can do to prevent its happening again. The student also writes what he/she is willing to do to help him/herself, and indicates the people who can help him/

her succe[illegible] The student also checks whether or not the contract can be fulfilled. If the student says it cannot be, he/she is directed to go back to the statement of what he/she is willing to do and make a more realistic statement that can be fulfilled. When it is completed, the student and social worker both sign the contract which becomes part of the student's Clinic records. When students are reassigned to the Clinic, they draw up a "promissory pact" with themselves. In this, they state how and why they failed to keep their previous pact with themselves, list what help the school or their parents can provide them, write a new promissory pact, and specify how they will know they have succeeded in keeping their word.

Classroom Activities

The Clinic classroom activities are designed to upgrade basic skills in reading, language arts, math, science, and social studies. Lessons are a series of mini-units presented in booklet form, and a regular period is designated for each of the five subjects every day. Assignments are closely timed and must be completed--even if it includes staying after regular school hours. For example, during their initial Clinic assignment students are required to achieve a score of at least 70 percent on the work they complete. For second assignments, 80 percent is the acceptable standard, and for a third referral it is 90 percent. Beyond three referrals, the acceptable standard is determined by the Clinic teacher on an individual basis. Because of the range of subjects and the fact that the work is remedial and therefore quite basic, an elementary school teacher is in charge of the classroom activities.

Counseling Activities

All students are given a set of rules for group counseling by which they must abide. A full-time Clinic counselor works with the students in small groups (i.e., about one-quarter of the total group) for one period every day during their stay in the Clinic. (See Source Document C.) Students carry out assignments designed to help them "find themselves," clarify their values, develop interpersonal skills, and move away from apathy and negative responses. Students are helped to become more aware and respectful of themselves and others, and exercises are provided to assist them in making positive choices in real life situations. Activities are varied (e.g., assignment work sheets, games, films, discussions) to suit the needs, moods, and numbers of students on a given day. (Resources are listed on Source Document E.) Most activities fit into one period but can be shortened or lengthened as necessary. In accordance with Indiana school requirements, the Clinic counselor holds a masters degree in counseling and guidance and has worked as a secondary teacher for at least five years.

Social Worker's Role

The Clinic social worker interviews students, supervises the Clinic counselor and teacher, handles administrative matters, and serves as the primary link with parents of children in the Clinic. The social worker works to ensure that the relationship among the students, parents, and school is harmonious and productive, and to involve parents in their child's progress. Whenever possible, the social worker confers with the parents of Clinic students by phone or in person after the registered letter has been received by the parents. Particularly for first time referrals, every effort is made for a face-to-face meeting, either at the parents' home or at the Clinic, as they prefer. In addition to explaining the Clinic and its purpose, the procedures are discussed, and when possible, the student's Clinic work and contract are shared with the parent. Information about the student's past educational history, the family composition, and health is elicited. The social worker also refers families to other community services they might need--such as legal aid, mental health clinics, or family services. The social worker notifies parents of all absences from the Clinic, holds a mandatory "pre-release" conference with them, and later sends a Clinic evaluation form to the parents for completion. The social worker's work with students includes entry interviewing, data collection, contracting, and individual counseling when warranted. The social worker also handles procedures for readmission to regular classes, and issuance and monitoring of weekly follow-up reports for several weeks after dismissal from the Clinic. In particular, when students return their follow-up reports, the social worker makes a special effort to discuss them with the students, and offer advisory counseling as indicated.

Clinic Objectives

The objectives are:

- Among new (i.e., ninth grade) students in Wirt High School, 60 percent of the candidates for traditional suspension will lose no school days because of their misbehavior.
- Among students in grades 10 through 12, 70 percent of the candidates for traditional suspension will lose no school days because of their misbehavior.
- Of those students assigned to the Clinic for a period of three to five days, 60 percent will not be reassigned to the Clinic within 45 school days of their last day in the Clinic.

Results

Data from the first two years of operation indicate that the Behavior Modification Clinic is achieving its objectives of reducing the number of school days lost because of out-of-school suspension and reducing the recidivism rate among students whose behavior results in their assignment to the Clinic. The year before the Clinic was established, 132 students received out-of-school suspensions and lost 368 school days. In 1977-78, 86 had out-of-school suspensions and lost 243 days. Thus, if the Clinic had not been available in 1977-78, an additional 945 school days would have been lost by the 201 students whose behaviors made them candidates for traditional suspension. As for reducing recidivism, only 36 (i.e., 15 percent) of the 238 students assigned to the Clinic were returned there within 45 school days. The objective had anticipated that this might happen in as many as 40 percent of the reassignments. 58.8 percent of the 1977-78 Clinic students had not been reassigned to it during the period reported on in the next year. In summary, the Behavior Modification Clinic has resulted in:

- Fewer out-of-school suspensions
- Fewer school days lost through out-of-school suspensions
- A greater number of students assigned to the Clinic than to out-of-school suspension
- Among most disruptive students who are reassigned to the Clinic, an appreciable delay (i.e., nine weeks) between their Clinic assignments
- Clinic referrals by sex and race reflect the student body composition.

Regularly gathered responses from involved teachers and parents indicate overwhelming support for continuation of the Clinic. Most students who have been in the Clinic share the same views, and indeed provide extensive and constructive responses to the survey form question "Has the Clinic changed your opinion of your behavior?"

Replication Issues

An in-school suspension program like the Behavior Modification Clinic can be used with students of any age in any school. A minimum of one classroom is required, as well as staff trained and committed to working with students who are academically behind, bored and turned off by school, and are seriously disruptive when they do come to school.

Required Resources

In 1977-78, 201 students were referred to the William A. Wirt High School, and in 1978-79, 238 students were referred. A budget of approximately $52,000 was required for staffing and instructional materials.

Contact

Mr. Paul R. Freeland
Dean of Students
William A. Wirt High School
210 North Grand Boulevard
Gary, Indiana 46403
(219) 938-1161, ext. 32

SOURCE DOCUMENTS

Source Document A

WM. A. WIRT HIGH SCHOOL
Behavior Modification Clinic

Dear Parent or Guardian:

We, at Wirt High School, believe that out-of-school suspensions have little positive effect upon a student's behavior; yet there are occasions when a young person's performance in the regular classroom setting is not acceptable for Wirt community expectations.

We, therefore, have established a Behavior Modification Clinic in the school where the goal is to help the student with those values which lead to a sense of responsibility and acceptable school behavior.

Your son/daughter _____ was referred to the Clinic because _____
_____
_____
_____.
He/she will be assigned to the Clinic for a minimum of _____ days, beginning _____. If your child is absent during the Clinic assignment, he/she will make up any days lost upon his/her return to school.

While in the Clinic your child will be involved in studies reinforcing his/her basic skills in the following areas: Language Arts, Mathematics, Social Studies and Science. In addition to this our Counselor and I will be working with your child in the area of value clarification.

I will contact you to discuss your child's problems and the things I feel that can be done here at school to remediate the problems. I also would appreciate any assistance you feel you can offer at home to help your child achieve his/her educational goals.

At times it may be advisable to meet with you personally, possibly including the Dean of Students. I will try to arrange a mutually satisfactory time for such appointments. If for some reason I am unable to reach you, will you please call me at 938-5200 between 8:30 and 3:30.

I am looking forward to talking with you.

Sincerely,

Social Worker

SOURCE DOCUMENT B

STUDENT BEHAVIORAL CONTRACT

_____ _____ _____

Student Name Date Referral

1. What action or event caused me to be here:

_____

_____

Who is to blame? Me _____ Another person _____

If someone else, who _____

II. Do you like what's happened to you? Yes ____ No ____

If no, what can you do to prevent this from happening again?

_____

_____

III. To help myself, I am willing to do the following (action):

_____

_____

For what length of time: _____

IV. People who can help me succeed are:

_____ myself

_____ parent

_____ Other person (friend, counselor, etc.)

I can ____ fulfill this contract.

I cannot ____ filfull this contract.**

**If cannot, go back to III and make a statement that you consider more realistic--one you can fulfill.

_____

Student Signature

_____

Date

_____

Clinic Social Worker

Source Document C

WILLIAM A. WIRT HIGH SCHOOL BEHAVIOR MODIFICATION CLINIC

RULES

1. Hours: 8:25 - 3:30 P.M. Day may be lengthened if necessary.

2. All students will be in the room by 8:25 A.M. SHARP.

3. Students may not leave the Clinic area for any reason without permission of the Dean of Students.

4. Students may not leave their seats without the teacher's permission.

5. There will be no talking in the classroom under any circumstances without the teacher's permission.

6. Lunch will be from 1:05 - 1:30 P.M. supervised by the counselor and the school cafeteria personnel.

7. Clinic students sit at a designated table.

8. Leaving the lunchroom is not permitted.

9. Talking is permitted in the lunchroom with Clinic students only.

10. All students will eat cafeteria fare or bring lunch from home. NO EXCEPTIONS.

11. Students will be escorted to the rest room once in the A.M. and once in the P.M.

12. Rest room time is five minutes. Smoking in the rest room will be cause for additional time in the Clinic.

13. All work assigned by the teacher must be completed on time in a satisfactory manner as determined by the teacher.

14. Students must provide their own transportation home whenever behavior warrants detention.

15. Student must bring an excuse from home for any absenteeism and all excuses will be carefully and thoroughly investigated by the Clinic social worker.

16. Before a student may be returned to their regular classes, a parent conference must be held.

SCORING ON COMPLETED WORK WILL BE AS FOLLOWS:
1st time in Clinic - You must achieve a score of at least 70%.
2nd time in Clinic - You must achieve a score of at least 80%.
3rd time in Clinic - You must achieve a score of at least 90%.
4th time is determined by the teacher on an individual basis.

_____
Student Signature

SOURCE DOCUMENT D

Date: _____

To the teachers of _____

Subject: Attendance and Progress report for the week of _____.

Please indicate the above student's attendance in your class the past week as well as the over all attitude and academic progress.

Thank You,

Dean of Students

1st Hour:

2nd Hour:

3rd Hour:

4th Hour:

5th Hour:

6th Hour:

7th Hour:

Source Document E

RESOURCE MATERIALS
The Behavior Modification Clinic--Counseling Component

GAMES

The OK Game	Simco Game Enterprises Penmant Educational Materials La Mesa, California 92041
The Ungame	Ungame Company 1440 South State College Boulevard Building 2D Anaheim, California 92806
Matched Wits Value Bingo	Burt K. Simpson Penmant Education Materials La Mesa, California 92041
To Drink or Not to Drink	ABT Associates, Inc.

FILMS

The IALAC Story Fuzzies What is Self-Respect Know Thyself	Sunburst Communications Developing Self-Respect Penmant Educational Meterials La Mesa, California 92041

WORKSHEETS

Making Sense of our Lives Experiences in Understanding Self and Others	Merrill Harmin Penmant Educational Materials La Mesa, California 92041
Me and Others	Dennis and Elmut Hooker Educational Design, Inc. 47 West 13th Street New York, New York 10011

TEXT

TA for Teens and Other Important People	Alvin M. Freed 1476 Jalnise Press Inc. Sacremento, California ($7.95)

Source Document F

WILLIAM A. WIRT HIGH SCHOOL
BEHAVIOR MODIFICATION CLINIC
938-5200

Dear Parent or Guardian:

As you are aware, your child has been a participant in the Behavior Modification Clinic sometime since its inception in October 1977 and the present time.

We are very eager to learn the parent's viewpoint of this program and are seeking your cooperation in providing us with information. Would you please comment on the following questions and return your replies to us in the enclosed envelope.

1. What is your opinion about the Behavior Modification Clinic Program?

2. Do you feel that your child's participation in the Clinic had any positive effect on him/her?

3. Would you favor a continuation of the Behavior Modification Clinic Program for the next school year (1979-80)?

May we thank you in advance for your cooperation.

Sincerely,

Social Worker

Source Document G

BEHAVIOR MODIFICATION CLINIC STUDENT SURVEY

1. GRADE _____

2. WHAT IS YOUR OPINION OF THE BEHAVIOR MODIFICATION CLINIC?

3. DO YOU THINK THE CLINIC HELPS STUDENTS?

4. HAS THE CLINIC CHANGED YOUR OPINION OF YOUR BEHAVIOR?

5. DO YOU THINK ALL GARY SCHOOLS SHOULD HAVE A BEHAVIOR MODIFICATION CLINIC?